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### In extreme conditions, stay in the zone

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## **Cost of care: being in the zone when working in extreme conditions**

It is a modern paradox that nurses working in extreme conditions of war, emergency and suffering are caught between job demands and cash-strapped healthcare systems.

Nursing at the extremes is linked to debates about the value of care and emotions and the capacity of nurses to remain engaged at the front.

### **Cutting risk factors**

It describes the challenging environments nurses encounter daily, focusing on the risk of stress and burnout in intensive care settings.

Although nurses work in high-stress environments, it is the subject of little research. Menzies' (1970) classic study into student nurse attrition found even routine tasks could generate tension, distress and anxiety.

Nurses used tasks and routines to develop social defence systems, allowing them to lower anxiety and distance themselves from patients.

Nurses speak passionately about working at the extremes, and the strategies which help them remain engaged. Leadership, team and peer support play key roles.

### **Approach to care**

Navigating the emotions of care is particularly challenging when working with children facing death.

Supportive relationships between staff and a 'culture of kindness' to support parents were key when caring for children with cancer during transition from active to palliative care (Nelson et al 2013).

Researching UK centenarians, the secret of successful ageing appears associated with their capacity to be 'stress shredders'. Their accounts contradict negative stereotypes, suggesting emotional resilience could be used by professionals to inform their care (Hutnik et al 2012).

In low-income countries, nurses struggle to retain hope against losing their professional pride and compassion (Msiska et al 2014).

Nicola White, Leverhulme artist in residence, spent 10 months working with staff and students at the University of Edinburgh. One premise was that emotional empathy was something good nursing and good writing had in common.

‘When I can persuade nurses away from their occupations to talk to me, they tell me fascinating things; their private rituals, the way they handle emotion, the way they carry the stories of the people they have nursed with them,’ she says.

One purpose of a new book, *Understanding Sociology in Nursing* (Allan et al 2016), is to encourage nurses to reflect on nursing at the extremes. Speaking at its launch, Professor Julia Lawton said it could ‘show readers how social theory can be used to reflect upon and better understand the everyday practices of nursing’, creating better nurses, better colleagues, better managers and better academics.

## References

*Allan H, Traynor M, Kelly D and Smith P (2016) Understanding Sociology in Nursing, London: Sage.*

*Hutnik N, Smith P and Koch T (2012) What does it feel like to be a 100? Socio-emotional aspects of well-being in the stories of 16 Centenarians living in the United Kingdom. Aging and Mental Health, 16.7: 811-818.*

*Menzies I E P. The functioning of Social Systems as a Defence Against Anxiety. London: Centre for Applied Social Research, The Tavistock Institute of Human Relations, 1970.*

*Msiska, G., Smith, P, Fawcett, T. and Nyasulu, B. (2014) Emotional labour and compassionate care: What's the relationship? Nurse Education Today 34, 9, pp. 1246–1252.*

*Nelson M, Smith P, Kelly D and MacAndrew R (2013) Transition from Active to Palliative Care for Children with Cancer End of Research Report, Edinburgh and Lothians Health Foundation.*

*Pam Smith is a professorial fellow at the University of Edinburgh*